SECTION 3 RESIDENT CERTIFICATION

Any employee claiming Section 3 Resident status must complete this form. Information provided on this form shall remain confidential and shall be used for certification and reporting purposes only. Please fax or email this form to (503) 823-5539 Cathleen.Massier@portlandoregon.gov

Name:

Addres	s:	City:	City:		Zip:				
Employ	er Name:	Hire Date:	Hire Date:						
Section	3 Criteria: A Sect	ion 3 qualified person must:							
	Be a resident of public housing; or Live in the metropolitan statistical area (MSA) covering Clark, Columbia, Multnomah, Clackamas, Washington, Skamania and Yamhill counties, and Earn no more than the following amounts for the respective counties, as follows:								
	INCO	INCOME LIMITS (Clark, Columbia, Multnomah, Clackamas, Washington, Skamania, & Yamhill)							
	Number in Household	Annual Household Income Less Than	Number in Household		old Income Less Than				
	1	\$38,850	5	Ş	\$59,950				
	2	\$44,400	6	ç	564,400				
	3	\$49,950	7	Ş	668,850				
	4	\$55,500	8	Ş	573,300				
	There are a total of income tax return related family me	of members in my family. The to members was The to members was \$ in Portland Youthbuilders. Please wing within the MSA, and I meet the	The total number of cotal gross income for attach supporting do	leductions claimy family, fro	imed on my Federal om all sources, from all				
	income is If you are claiming	There are a total of memb g income eligibility for more than (pers in my family.						
	each household m	nember.							
	Name	Date	of Birth						

The source(s) of my total annual household income is/are (fill-out table, below):

	Head of Household	Spouse (if Applicable)	Other Adult members- 18 or			
			older (if applicable)	older (if applicable)	older (if applicable)	older (if applicable)
Gross Earnings						
Temporary Assistance for						
Needy Families (TANF)						
Child Support						
Bank Income						
Other Income (list)						
1.						
2.						
3.						

3.						
I hereby certify under p	enalty of perj	ury that the inf	formation above is	s true and correct		
Print Name:			Signature:			Date:
WARNING: Title 18, US Code Section 1001, States that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.						